

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/05

PRODUCER Dealey, Renton & Associates P. O. Box 12675 Oakland, CA 94604-2675 510 465-3090	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Innovative Technical Solutions, Inc. 2730 Shadelands Drive #100 Walnut Creek, CA 94598	INSURER A: American International Specialty Lin	
	INSURER B: Commerce & Industry Ins. Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR		INSRD		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A		GENERAL LIABILITY				PROP1358613 incl Contractors Pollution Liab. incl Blanket Contractual	09/01/05	09/01/06	EACH OCCURRENCE		\$1,000,000		
		<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300,000		
		<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCUR				MED EXP (Any one person)		\$10,000		
		<input checked="" type="checkbox"/>	BI/PD Ded:5,000						PERSONAL & ADV INJURY		\$1,000,000		
		<input type="checkbox"/>							GENERAL AGGREGATE		\$2,000,000		
		<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG		\$1,000,000		
<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC								
B		AUTOMOBILE LIABILITY				CA3112921	09/01/05	09/01/06	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000		
		<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)		\$		
		<input type="checkbox"/>	ALL OWNED AUTOS						BODILY INJURY (Per accident)		\$		
		<input type="checkbox"/>	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)		\$		
		<input checked="" type="checkbox"/>	HIRED AUTOS										
		<input checked="" type="checkbox"/>	NON-OWNED AUTOS										
		GARAGE LIABILITY							AUTO ONLY - EA ACCIDENT		\$		
		<input type="checkbox"/>	ANY AUTO						OTHER THAN EA ACC		\$		
		<input type="checkbox"/>							AUTO ONLY: AGG		\$		
A		EXCESS/UMBRELLA LIABILITY				PROU3112920	09/01/05	09/01/06	EACH OCCURRENCE		\$9,000,000		
		<input checked="" type="checkbox"/>	OCCUR	<input type="checkbox"/>	CLAIMS MADE				AGGREGATE		\$9,000,000		
		<input type="checkbox"/>	DEDUCTIBLE								\$		
		<input checked="" type="checkbox"/>	RETENTION	\$ 10,000							\$		
		<input type="checkbox"/>									\$		
		<input type="checkbox"/>									\$		
B B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				CAL3825118* AOS3825119** *Calif. **All other states	09/01/05 09/01/05	09/01/06 09/01/06	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$1,000,000		
		If yes, describe under SPECIAL PROVISIONS below							E.L. DISEASE - EA EMPLOYEE		\$1,000,000		
									E.L. DISEASE - POLICY LIMIT		\$1,000,000		
A		OTHER Professional Liability incldg Pollution Liab.				PROP1358613	09/01/05	09/01/06	\$1,000,000 per claim \$2,000,000 annl aggr.				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

General Liability excludes claims arising from professional services.

FOR PROPOSAL PURPOSES ONLY. ACTUAL CERTIFICATE WILL BE ISSUED WHEN PROJECT

IS AWARDED. Certificate holder is included as additional insured for

Automobile & General Liability on a primary basis. Policies include Waiver

(See Attached Descriptions)

CERTIFICATE HOLDER

***** SAMPLE CERTIFICATE *****

CANCELLATION Ten Day Notice for Non-Payment of Premium

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDORSE TO MAIL 30 DAYS WRITTEN

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUDDALYER TO BE SOON MYX

IMPRESSO PRIVATE

REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)

of Subrogation. Umbrella policy covers over Professional, Auto, General Liability, Contractors Pollution Liability, and the Employers Liability section of the Workers Compensation policies.